

Application for the issuance of Air Operator Certificate (AOC)

Note: This form shall be submitted with a cover letter pursuant to the provisions set forth in AC/OPS/004.

Section 1. General information

Company registered name: Trading name (if different from Company registered name): Address: Telephone: (853) Fax: (853) E-mail:	Company Registration Number: Main base of operations: Secondary base of operations (if applicable):
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ICAO designator (airline code) for aircraft operating agency in order of preference (if applicable):

1st) 2nd) 3rd)

Desired date for operation to commence (dd-mm-yyyy): (- -)

Section 2. Management and key personnel (Post-holder)

CV and supporting documents for each of the following key personnel must be attached with the application package. See also AC/OPS/026 – Organization and Post-Holders requirements. Attach additional sheet if necessary.

	Name	Company Title
Accountable Manager (Entire company)
Flight Operations
Aircraft Maintenance
Crew Training
Ground Operations
Safety Management
Quality System

Section 3. Operational points of Contact* to be listed in the AOC Operations Specifications

**Operation Points of Contact* shall be the operational management whom can be contacted without undue delay for issues related to flight operations, airworthiness, flight and cabin crew competency, dangerous goods and other matters, as appropriate.

Name and Company Title	Contact details
	Telephone: (853) Fax: (853) E-mail:
	Telephone: (853) Fax: (853) E-mail:
	Telephone: (853) Fax: (853) E-mail:

Section 4. Number of technical staff to be employed

<input type="checkbox"/> Flight Crew		<input type="checkbox"/> Ground Operations Officer (if applicable)	
<input type="checkbox"/> Cabin Crew (if applicable)		<input type="checkbox"/> Other technical staff (Please specify):	
<input type="checkbox"/> Engineering & Maintenance Staff			
<input type="checkbox"/> Flight Operations Officer (Dispatcher) (if applicable)			

Section 5. Aircraft information

Aircraft to be operated (attach separate list if necessary):

Aircraft to be included in AOC	Ownership / Leasing Arrangement	Nature of proposed operations	
Make:		<input type="checkbox"/> Cargo	<input type="checkbox"/> VFR
Model:		<input type="checkbox"/> Passenger	<input type="radio"/> day
Serial#:		<input type="checkbox"/> Other	<input type="radio"/> night
Pax seating / Cargo capacity:		<input type="checkbox"/> IFR	
Special Operations:	<input type="checkbox"/> RVSM (See AC/OPS/020) <input type="checkbox"/> ADS-B (See AC/OPS/023)		
	<input type="checkbox"/> PBN (See AC/OPS/022) (Please specify nav spec)		
	<input type="checkbox"/> Dangerous goods (See AC/OPS/005) <input type="checkbox"/> EFB (See AC/OPS/029)		

Section 5. Aircraft information (continued)

Aircraft to be included in AOC <i>Applicable? <input type="checkbox"/> Yes / <input type="checkbox"/> No</i>	Ownership / Leasing Arrangement	Nature of proposed operations	
Make:		<input type="checkbox"/> Cargo	<input type="checkbox"/> VFR
Model:		<input type="checkbox"/> Passenger	○ day
Serial#:		<input type="checkbox"/> Other	○ night
Pax seating / Cargo capacity:			<input type="checkbox"/> IFR
Special Operations:	<input type="checkbox"/> RVSM (See AC/OPS/020) <input type="checkbox"/> ADS-B (See AC/OPS/023) <input type="checkbox"/> PBN (See AC/OPS/022) (Please specify nav spec) <input type="checkbox"/> Dangerous goods (See AC/OPS/005) <input type="checkbox"/> EFB (See AC/OPS/029)		

Section 6. Focal point for AOC Application

Please provide contact of the focal point (AOC coordinator) for the AOC application

Name (BLOCK LETTERS):	Company Title:
Telephone: (853).....	Fax: (853).....
E-mail:	

Section 7. Formal AOC Application Attachment Checklist (See AC/OPS/004 Appendix 1 for detail)

Please ensure all necessary documents are included in the application.

Incomplete application package may be rejected or cause delay to the application process.

Item		AACM Use Only
A	General	
<input type="checkbox"/> A1.	Covering Letter	
<input type="checkbox"/> A2.	AOC Application Form	
<input type="checkbox"/> A3.	Application Fee	
<input type="checkbox"/> A4.	Company registration number	
<input type="checkbox"/> A5.	Business plan	
<input type="checkbox"/> A6.	Proof of sufficient financial resources to conduct the proposed operations	
<input type="checkbox"/> A7.	For scheduled services, proposed routes, including geographical tracks, etc.	
<input type="checkbox"/> A8.	Schedule of Events with appropriate events addressed and target dates	
<input type="checkbox"/> A9.	Detailed Compliance Statement	
<input type="checkbox"/> A10.	Documents of purchase, leases, contracts or letters of intent for aircraft, facilities, etc.	
<input type="checkbox"/> A11.	Sub-concession contract, <i>if applicable</i>	
B	ORGANIZATIONAL STRUCTURE	
<input type="checkbox"/> B1.	Description of the organization and details of those having major financial interest	
<input type="checkbox"/> B2.	Detailed description of the organization structure and an organization chart	
<input type="checkbox"/> B3.	For EACH nominated Post-holder, include CV and relevant supporting documents	
<input type="checkbox"/> B4.	Details of operational control and supervision methods to be used	
<input type="checkbox"/> B5.	Data concerning each flight crew member	
<input type="checkbox"/> B6.	Details of continuing airworthiness management and maintenance arrangement	
C	MANUAL(S) WHICH ARE IN COMPLIANCE WITH ALL RELEVANT REQUIREMENTS	
<input type="checkbox"/> C1.	Operations Manual	
<input type="checkbox"/> C2.	Maintenance Management Exposition	
<input type="checkbox"/> C3.	Aircraft Maintenance Programme	
<input type="checkbox"/> C4.	Aircraft Technical Log	
<input type="checkbox"/> C5.	Reliability Programme, if applicable	
<input type="checkbox"/> C6.	Passenger Safety Briefing card	
D	TRAINING & CHECKING ARRANGEMENTS	
<input type="checkbox"/> D1.	Details of flight crew training arrangements for: <ul style="list-style-type: none"> • Initial training • Recurrent training • Re-qualifying training • Line flying under supervision (LFUS) • Training outsourced to training organization • Instructional personnel 	
<input type="checkbox"/> D2.	Details of flight crew checking arrangements for: <ul style="list-style-type: none"> • Skill Test • Proficiency Check • Line Check • Test/check outsourced to training organization • Checking personnel 	
<input type="checkbox"/> D3.	Details of contracted training organization and/or FSTD used for flight crew training and check	
<input type="checkbox"/> D4.	SEP training facilities to be used	
<input type="checkbox"/> D5.	Cabin Crew training and checking arrangements, if applicable	

<input type="checkbox"/> D6.	FOO/Dispatcher training and checking arrangements, if applicable	
<input type="checkbox"/> D7.	Training and checking arrangements for ground personnel	
E	SPECIAL AUTHORIZATIONS APPLICATIONS, as applicable to the proposed operations	
<input type="checkbox"/> E1.	RVSM application	
<input type="checkbox"/> E2.	PBN application	
<input type="checkbox"/> E3.	Transport of Dangerous Goods application	
<input type="checkbox"/> E4.	LVO	
<input type="checkbox"/> E5.	ETOPS	
<input type="checkbox"/> E6.	ADS-B application	
<input type="checkbox"/> E7.	Electronic Flight Bag application	
F	SECURITY	
<input type="checkbox"/> F1.	Security Programme	
G	OTHERS (as applicable to the proposed operations)	
<input type="checkbox"/> G1.	Application for exemptions	
<input type="checkbox"/> G2.	MAR-145 AMO Approval application	
<input type="checkbox"/> G3.	Type Acceptance of Aircraft application	
<input type="checkbox"/> G4.	Registration of Aircraft application	
<input type="checkbox"/> G5.	Certificate of Airworthiness application	

Section 8. Declaration by the Accountable Manager

Declaration

The undersigned declares that the particulars given on this form are true in every respect and applies for the issuance of an Air Operator Certificate based on the information provided in this application package.

Name (BLOCK LETTERS):.....

Company Title :

Signature :

Date :

Note 1. - This part is to be completed by the accountable person who possesses the authority to submit this Air Operator Certificate application on behalf of the applicant.

Note 2. - Applicant shall make available to the AACM any supplementary documents may be requested by this authority to demonstrate that it has the ability and competence both to conduct safe and efficient operations and to comply with applicable regulations and rules.

Personal Data Collection Statement

The personal data provided to the AACM are intended only for the processing of the application. For the purpose of complying with legal obligations, the personal data provided by the applicant may be transferred to other competent entities. The applicant may request, in writing, access and rectification of personal data.